

Please type a plus sign (+) inside this box → 

PTO/SB/05 (4/98)

Approved for use through 09/30/2000, OMB 0651-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY****PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **24-014-TB**First Inventor or Application Identifier **ISHIKAWA et al.**Title **METHOD OF SEPARATING GLYCOLIPIDS**

Express Mail Label No.

U.S. PTO  
10/825210  
17548

041604

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents  
Mail Stop Patent Application  
Arlington, VA 22202

- |   |   |
|---|---|
| 1. <input type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)   | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)  |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages <b>17</b> ]   | 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)                      |
| -Descriptive title of the Invention   | a. <input type="checkbox"/> Computer Readable Copy  |
| -Cross Reference to Related Applications  | b. <input type="checkbox"/> Paper Copy (identical to computer copy)   |
| -Background of the Invention  | c. <input type="checkbox"/> Statement verifying identity of above copies  |
| -Summary of the Invention   |   |
| -Brief Description of the Drawings  |   |
| -Detailed Description of the Preferred Embodiment   |   |
| -Claims   |   |
| -Abstract of the Disclosure   |   |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>3</b> ]  | 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| 4. Oath or Declaration [Total Sheets <b>      </b> ]  | 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement<br>(when there is an assignee) <input type="checkbox"/> Power of Attorney |
| a. <input type="checkbox"/> Newly executed (original or copy)   | 9. <input type="checkbox"/> English Translation Document (if applicable)  |
| b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br>(for continuation/divisional with Box 16 completed)  | 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations       |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting<br>inventor(s) named in the prior application,<br>see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).                     | 11. <input type="checkbox"/> Preliminary Amendment  |
| *NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28) |   |
| 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(should be specifically itemized)   |   |
| *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application,<br>(PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired  |   |
| 13. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)   |   |
| 14. <input type="checkbox"/> Other: .....<br>.....  |   |
| 15. <input type="checkbox"/> Other: .....<br>.....  |   |

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation  Divisional  Continuation-in-part (CIP)of prior application No: **PCT/JP01/11281**

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>23400</b>	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)
---	--------------	---

Name			
Address			
City	State	Zip Code	
Country	Telephone	(703) 707-9110	Fax (703) 707-9112

Name (Print/type)	<b>DAVID G. POSZ</b>		Registration No. (Attorney/Agent)	<b>37,701</b>
Signature			Date	April 16, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Alexandria, VA 22313-1450.